A B C D	E	F	G	Н	l J	K	L	M	N O	P	Q	R	S	T	U V	X	
Unified Rate Review v3.3																	
Company Legal Name:	Golden Rule I	nsurance Compa	a State:	KY													
HIOS Issuer ID:	47949	ilisarance compe		Individual													
			iviai ket.	illulviuuai													
Effective Date of Rate Char	nge(s): <b>1/1/201</b> /																
Market Level Calculations (Same	for all Plans)																
Section I: Experience period data																	
Experience Period:	1/1/2015	to	12/31/2015														
		Experience Period	-														
		Aggregate Amount		% of Prem													
Premiums (net of MLR Rebate) in		\$3,314,544		100.00%													
Incurred Claims in Experience Per Allowed Claims:	rioa	\$2,057,513 \$3,315,102		62.08% 100.02%													
Index Rate of Experience Period		\$5,515,102	\$259.00	100.02%													
Experience Period Member Mont	ths	12,730															
·			•														
Section II: Allowed Claims, PMPN	1 basis																
		Experience	e Period			tion Period:		to	12/31/2017	Mid	d-point to Mid	-point, Experier	nce to Projection:	24	months	=	
		on Actual Experi	ience Allowed		Adj't. from to Project		Annualiz Fact		Projections, be	fore credibility	Adjustment		Credibility Manua	I			
	Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average		Utilization	Average				
Benefit Category	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
Inpatient Hospital	Days	167.94	\$3,194.45	\$44.71	1.007	0.989	1.038	1.025	177.88	\$3,408.63	\$50.53	157.80	\$5,473.98	\$71.98			
Outpatient Hospital Professional	Services Services	1,245.62 11,296.02	943.68 82.13	97.96 77.31	1.007 1.007	0.989 0.989	1.038 1.038	1.025 1.025	1,319.34 11,964.55	1,006.95 87.63	110.71 87.37	1830.84 14041.45	912.29 102.77	139.19 120.25			
Other Medical	Services	156.42	146.76	1.91	1.007	0.989	1.038	1.025	165.68	156.60	2.16	400.84	261.17	8.72			
Capitation	Benefit Period	0.00	0.00	0.00	1.007	0.989	1.038	1.025	0.00	0.00	0.00	0.00	0.00	0.00			
Prescription Drug	Prescriptions	5,064.07	91.31	38.53	1.007	0.989	1.038	1.025	5,363.77	97.44	43.55	5995.88	75.48	37.71			
Total				\$260.42							\$294.32			\$377.86			
															After Credibility	Projected Period	l Totals
Section III: Projected Experience:				Projected Allowed							24.11%			75.89%	\$357.72		68,773
					Paid to Allow		,								0.641		
					Projected Inc			rein & Risk	Adj't, PMPM						\$229.22		46,012
					Projected Ris					D14D14					-92.19	_	61,996)
					Projected AC				ecoveries, net of rein p	irem, PiviPivi					\$321.40 0.00		308,008 0
				Projected Incurred	-	- remounding	recoveries,	net or rem p	31 (111, 1 1411 141						\$321.40		308,008
														0.0001			
				Administrative Expo Profit & Risk Load	ense Load									8.88% 9.73%	38.76 42.46		278,344 304,910
				Taxes & Fees										7.78%	33.98		244,000
				Single Risk Pool Gro	oss Premium Av	g. Rate. PMP	М							5/0	\$436.61	_	135,262
				Index Rate for Proje		S,									\$357.36		, -
					% increase or		e Period								67.68%		
					% Increase, a	nnualized:									29.49%	S	
				Projected Member	Months												7,181

# **Product-Plan Data Collection**

Company Legal Name: Golden Rule Insurance Company
HIOS Issuer ID: 47949

Effective Date of Rate Change(s): 1/1/2017

### Product/Plan Level Calculations

#### Section I: General Product and Plan Information

Section I: General Product and Plan Information				
Product		Gen 33		erminated Product
Product ID:		47949KY000		
Metal:	Silver	Silver	Bronze	Not Applicable
AV Metal Value	0.687	0.681	0.614	0.000
AV Pricing Value	0.010	0.900	0.835	0.000
Plan Category	Terminated	Renewing	Renewing	Terminated
Plan Type:	PPO	PPO	PPO	PPO
Plan Name	Silver HSA 100	Silver Copay Select 1	Bronze HSA 100	2015 Experience
Plan ID (Standard Component ID):	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
Exchange Plan?	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%		0.00%
Historical Rate Increase - Calendar Year - 1		0.00%		0.00%
Historical Rate Increase - Calendar Year 0		11.46%		0.00%
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	0.00%	43.27%	56.74%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	43.27%	56.74%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	62.46%	86.44%	0.00%
Product Rate Increase %		49.99%		0.00%

### Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
Inpatient	\$4.14	\$0.00	\$4.99	\$8.02	\$0.00
Outpatient	\$8.24	\$0.00	\$9.93	\$15.97	\$0.00
Professional	\$6.97	\$0.00	\$8.40	\$13.51	\$0.00
Prescription Drug	\$2.48	\$0.00	\$2.99	\$4.81	\$0.00
Other	\$0.43	\$0.00	\$0.52	\$0.83	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	-\$8.72	\$0.00	-\$13.56	-\$11.50	\$0.00
Taxes & Fees	\$71.93	\$0.00	\$105.80	\$105.54	\$0.00
Risk & Profit Charge	\$11.68	\$0.00	\$18.16	\$15.40	\$0.00
Total Rate Increase	\$97.13	\$0.00	\$137.23	\$152.58	\$0.00
Member Cost Share Increase	\$5.10	\$0.00	\$14.88	-\$5.64	\$0.00

Average Current Rate PMPM	\$291.07	\$0.00	\$317.14	\$268.93	\$0.00
Projected Member Months	7,181	0	3,297	3,884	0

## Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
_	Plan Adjusted Index Rate	\$259.15	\$270.32	\$277.61	\$224.41	\$0.00
텵	Member Months	12,730	3,921	5,548	3,114	147
ΙË	Total Premium (TP)	\$3,298,957	\$1,059,934	\$1,540,201	\$698,823	\$0

Premium Info	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	0.00%
.≘	state mandated benefits portion of TP that are other					
ren	than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
-	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	100.00%
	Total Allowed Claims (TAC)	\$3,315,102	\$883,168	\$1,974,820	\$442,710	\$14,404
		**				
	EHB Percent of TAC, [see instructions]	99.57%	100.00%	100.00%	100.00%	0.00%
l e	state mandated benefits portion of TAC that are					
ation	other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Inform	Other benefits portion of TAC	0.43%	0.00%	0.00%	0.00%	100.00%
l fe						
Isi	Allowed Claims which are not the issuer's obligation:	\$229,862	-\$13,746	\$294,930	-\$56,643	\$5,321
a.	Portion of above payable by HHS's funds on					
2	behalf of insured person, in dollars	\$0				
	Portion of above payable by HHS on behalf of					
	insured person, as %	0.00%				
	Total Incurred claims, payable with issuer funds	\$3,085,240	\$896,914	\$1,679,890	\$499,353	\$9,083
	Net Amt of Rein	\$232,844.22	\$63,837.99	\$180,649.65	-\$11,104.43	-\$539.00
	Net Amt of Risk Adj	-\$1,308,254.64	-\$407,666.41	-\$576,825.62	-\$323,762.61	\$0.00
	Incurred Claims PMPM	\$242.36	\$228.75	\$302.79	\$160.36	\$61.79
	Allowed Claims PMPM	\$260.42	\$225.24	\$355.95	\$142.17	\$97.99
	EHB portion of Allowed Claims, PMPM	\$259.28	\$225.24	\$355.95	\$142.17	\$0.00

### Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0000000
_	Plan Adjusted Index Rate	\$433.37	\$0.00	\$451.01	\$418.40	\$0.00
恴	Member Months	7,181	-	3,297	3,884	-
шa	Total Premium (TP)	\$3,112,031	\$0	\$1,486,970	\$1,625,060	\$0
n Information	EHB Percent of TP, [see instructions]	99.90%	0.00%	99.90%	99.90%	0.00%
I.≣	state mandated benefits portion of TP that are other					
Premium	than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
-	Other benefits portion of TP	0.10%	100.00%	0.10%	0.10%	100.00%
	Total Allowed Claims (TAC)	\$2,568,775	\$0	\$1,179,397	\$1,389,378	\$0
, u	EHB Percent of TAC, [see instructions]	99.90%	0.00%	99.90%	99.90%	0.00%
Jati	state mandated benefits portion of TAC that are					
I.E	other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
ī	Other benefits portion of TAC	0.10%	100.00%	0.10%	0.10%	100.00%
Claims Information	Allowed Claims which are not the issuer's obligation	\$261,699	\$0	\$89,397	\$172,302	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of					
	insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	\$2,307,075	\$0	\$1,090,000	\$1,217,076	\$0
	Net Amt of Rein	\$0	\$0	\$0		\$0
	Net Amt of Risk Adj	-\$661,996	\$0	-\$303,941	-\$358,055	\$0
_	li toti mana		** **			
	Incurred Claims PMPM	\$321.27	\$0.00	\$330.60	\$313.36	\$0.00
	Allowed Claims PMPM	\$357.72	\$0.00	\$357.72	\$357.72	\$0.00
Ш	EHB portion of Allowed Claims, PMPM	\$357.36	\$0.00	\$357.36	\$357.36	\$0.00